

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042427

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3282

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bissell Hills</b>		Length of stay in 1b	c. CITY OR TOWN <b>Bissell Hills</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10346 Ashbrook</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10346 Ashbrook</b>
3. NAME OF DECEASED (Type or print) <b>John Bernard Schumacher</b>		4. DATE OF DEATH Month <b>10</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-25-1939</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Stock Boy</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>	9. AGE (last birthday) <b>24</b>
13a. FATHER'S NAME <b>Bernard Schumacher</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Pellerito</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Schumacher</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>10346</b>	17. INFORMANT <b>Frances Schumacher</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Valvular Heart Disease</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
		DUE TO (c)	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b>7:30</b> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>1 March 1958</b> to <b>Oct 25, 63</b> and last saw him alive on <b>Oct 21-63</b> . Death occurred at <b>7:30</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. H. Jost</b>		22b. ADDRESS <b>3700 N. Grand</b>	
22c. DATE SIGNED <b>10/26/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-28-63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		23d. LOCATION (City, town, or county) <b>ST. Louis</b>	
24. FUNERAL DIRECTOR <b>O'SULLIVAN-MUCKLE-KRON MORTUARY</b>		25. DATE RECD. BY LOCAL REG. <b>10-26-63</b>	
26. REGISTRAR'S SIGNATURE <b>John B. Mumfry</b>			

O'SULLIVAN-MUCKLE-KRON MORTUARY  
8806 JENNINGS ROAD

(Licensed Embalmer's Statement on Reverse Side)

A. H. J. 587-1177  
3700 N. Grand

Fr 1 5267

10-11

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Herbert J. Gou Jr.*

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.